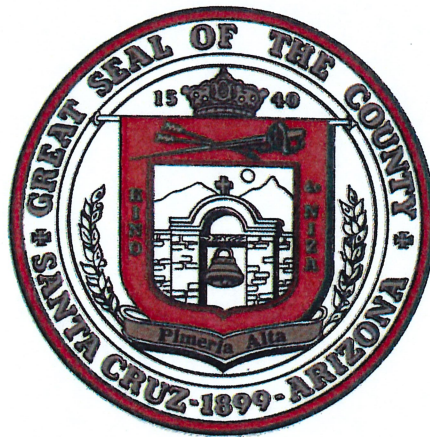


Santa Cruz County
Healthy Students Project:
A Comprehensive Behavioral Health Program
Implementation/Sustainability Manual



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Disclaimer

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The opinions and recommendations expressed in this Manual are those of the Project Director and the Santa Cruz County School Superintendent’s Office. They do not necessarily reflect the official policy or position of the United States Department of Education.

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Teresa Sprigg, Director

1. Introduction

The primary responsibility of educators is to provide a safe learning environment for students. The *Santa Cruz County Healthy Student's Project* was designed to accomplish this in the elementary grades. It has established a comprehensive tiered approach of increasingly intense services aimed at addressing the socio-emotional needs of students with a focus on the bullying, violence, drugs, and alcohol issues that affect our children and youth.

This Manual describes lessons learned and the best practices which were implemented that lead to the establishment of successful school - based comprehensive behavioral programs. Our intent is to describe the challenges that were encountered and steps taken to implement and sustain *Healthy Students*. The Manual includes recommendations and resources so other schools and agencies will benefit from our experience,

The Manual is organized to overview the project and its impact. Each section then details the level of services (Tiers) that were provided; how students were identified for the services; how impact was measured; and as a result of the evaluations, the changes and improvements that were then instituted. Included in the Manual is a directory of resources organized by tier that educators will find beneficial as they work to implement a *Healthy Students* Project.

2. Project Overview and Design

Teachers face increasing behavioral challenges in their classrooms. The National Alliance on Mental Illness (NAMI) using statistics from the National Institute on Mental Health, reports that "1 in 5 children ages 13-18 have or will have a serious mental illness."¹ NAMI further reports that 20% of our youth ages 3-18 live with a mental health condition. Also 50% of all lifetime cases of mental illness begin by age 14; 75% by age 24.² Across the country and in our state, mental and behavioral health concerns are on the rise. This is evidenced by the increase in suicides, suicidal attempts, drug overdoses, shootings and increased opioid use. These represent just a few of the statistics that support the growing need for comprehensive behavioral programs, particularly in elementary schools where prevention, early intervention and support are key to dealing such issues.

The Santa Cruz County *Healthy Students* Program has as its goal: *All students will possess social and emotional skills to be successful academically and to be productive citizens*. The vision was to support Santa Cruz County Elementary Schools in their continued efforts to develop school cultures that promote a safe and supportive learning environment.

Healthy Students is based on effective best practices as cited by the literature including culturally competent counseling and social work practices. It addresses the culture of the entire school; yet, offers intensive services for the most at risk. The program strives to meaningfully involve parents and families in non-threatening supportive ways and bring together the schools, community organizations and agencies with a common priority. Although the interventions in each of the areas (academic success; career readiness, and social/personal development) are customized by the schools for their students, *Healthy Students* also mandates that school programs must have in place four essential elements:

¹ www.nami.org

² Reference Appendix A.

1. Strong foundation connecting school counseling and student support to the overall mission and philosophy of the school.
2. Delivery System that includes a guidance curriculum which is used school-wide, Individual Student Planning, Responsive Services and System Support.
3. Management System focusing on a systematic delivery of services using agreed-on action plans for service delivery, timelines, and predetermined responsibilities; and
4. Accountability System that is driven by continuous analysis of student data to understand what works for students and the program.

In addition, *Healthy Students* works with the schools to implement:

- A school guidance curriculum that included a developmentally appropriate sequence of lessons designed to be delivered to all students.
- Intentional guidance that included more intensive services to individual students or groups of students who need extra support.
- Individual student planning so students could explore their personal goals and develop plans for the future.
- Responsive services which could be initiated by the student or through recommendations from teachers, parents, guardians, or others.

This structured methodology defined the delivery of our planned interventions:

Tier I Services: School-wide plans (Character Counts) that targeted school culture and classroom instruction; Developed and expanded family/community through Positive Action strategies that incorporated appropriate interventions and healings;

Tier II Services: Intensive interventions using Positive Action and Stay on Track strategies

Tier III Services: Referrals to Mental and Behavioral Health providers.

This three tiered service delivery model was designed so the intensity of interventions and supports increased from Tier I to Tier III with several academic and socio-emotional programs and resources aligned to each Tier. Teachers and staff were trained in the interventions and initially school staffs were supported by trained counselors.

Educational programs apply this Multi-tiered Systems of Support (MTSS) framework through the Response to Intervention (RTI) model since it provides a framework for addressing the academic needs of students. *Healthy Students* expanded the MTSS concept to include Socio-Emotional supports through the Positive Behavioral Interventions and Supports (PBIS) model.

Our schools had instituted RTI because of its focus on academic needs. Because research indicates a strong correlation between academics and student behavior, *Healthy Students* was designed to institute a complimentary system that would support students with behavioral concerns. *Healthy Students* was specifically designed to strengthen behavioral health supports. Whereas previous discipline approaches to behavioral health incorporated systems of rewards and consequences (assertive discipline), the *Healthy Students* Project implemented PBIS (Positive Behavioral Interventions and Supports). PBIS is known widely as a system that structures and emphasizes the implementation and integration of positive social skills and behavioral practices designed to

help all students. PBIS is not a particular program or curriculum, rather it is a set of operational guiding principles that schools and organizations can use to improve student behaviors.³

PBIS is based on a problem-solving model and aims to reinforcing appropriate behaviors and prevent inappropriate behavior through teaching. PBIS is a process that is consistent with the core principles of RTI. Similar to RTI, PBIS offers a range of interventions that are systematically applied to students based on their demonstrated level of need, and addresses the role of the environment as it applies to development and improvement of behavior problems. Critical features of PBIS are expectations defined, expectations taught, acknowledgment system, a system for responding to challenging behavior, a system for monitoring and decision-making, and a management system. PBIS offers a wealth of resources, activities, and tools to support educators. Using these PBIS research-based best practices, the *Healthy Students* Project was implemented to meet the behavioral need of all students. Note, when implementing a tiered approach, it is important for schools to provide consistency and fidelity to these programs and to continue monitoring student behavior. *Healthy Students* instituted procedures and systems so this was a core element of the project.

In the following sections, the multi-tiered systems of support will be described in further detail. Included will be an overview of how each tier was developed within the project. Each tier will be explained separately providing a description, associated activities, additional resources and training. Appendix B provides a general overview of the *Healthy Students* model.

3. Tier I- Universal Interventions/Supports

The tiered intervention model is guided by a strong emphasis on Tier I positive prevention programs. These Universal practices are established in a deliberate manner in order to create school-wide expectations directed at appropriate and acceptable behaviors. It is important to have input from stakeholders involved in the process for establishing this foundation. Chosen practices should be evidence-based and data driven. Approximately eighty-five percent (85%) of the students will respond appropriately to these school-wide, Tier I practices.

Many of our schools had existing and established school-wide Tier I programs in place. These included discipline programs with positive behavioral expectations. *Healthy Students* staff worked to develop and refine these systems further with a specific focus on behavioral expectations.

In the initial stages of the project, existing Tier I behavioral expectations were reviewed. Schools perfected their vision and motto statements. The work progressed to create positively stated behavioral expectations linked directly to a behavior matrix. Students were given direct instruction linked to expected academic and social behaviors. Professional development, training and support was provided to staff members by the *Healthy Students* staff and other trainers in support of these Tier I programs.

In an effort to encourage student adherence to appropriate behaviors, schools added a school-wide recognition component to their Tier I plans. For example, Mountain View Elementary School has the “mountain lion” as its school mascot. Consequently, it used their “paws” to reward their students. Every week, the “paws” are added to a jar for a weekly drawing. San Cayetano invites deserving students to “Fine Dining with the Principal”. Teachers nominate their deserving students on a monthly basis. These are only two examples; every school implemented activities

³ Reference Appendix B for an overview of the PBIS Model

reinforcing positive behaviors amongst their students tailoring these activities to fit their own individual campus.

Character Counts (CC!) was also a major component of *Healthy Students* Tier I programming. CC! revolves around the six shared values that have been identified as being essential to ethical people's lives. The six pillars identified are: trustworthiness, respect, responsibility, fairness, caring and citizenship. Staff at each of the elementary schools were trained on the Character Counts program. Curriculum maps were developed for lesson delivery. Students received character lessons on a weekly basis. Materials were purchased to focus students on the Six Pillars of Character. The schools became character-centered as the students became more involved with the six pillars. This is to say that the common language of the six pillars was used to promote positive behaviors. Schools received Character Counts posters, road signs, banners, and other materials to establish a school-wide culture of Character Counts that are still prevalent at the school sites. In addition, teachers embedded and reinforced the six pillars during the day throughout their lessons.

Another prominent and effective school-wide strategy centered on raising attendance rates at each of the schools in the project. Research shows that “when students improve their attendance rates, they improve their academic progress and chances for graduating” (Attendanceworks 2018). All classroom teachers were provided colorful, laminated “100% Attendance” Awards (signs) to post on their doors when every student showed up for class.⁴ Since students and teachers from different classrooms noticed the signs, the visual displays helped to promote attendance. Students were and continue to be motivated to be in school so that their classroom sign will be displayed and recognized for the day. Some schools have taken this concept further by creating competitions within the schools. For example, the class with the most 100% days for a given quarter receives an incentive or reward. One school in particular has traveling trophies which are awarded to the class that is determined to be the “attendance champs” for that quarter.

Additional activities were begun as the project progressed. For example, as schools became involved with the “Be Kind” movement, staff incorporated “Be Kind” activities into their lessons and school-wide plans. Several schools rallied and received funding and donations for the creation of “Be Kind” murals on their campuses. The murals depict the “Be Kind” flower logo in colorful green tile with black lettering and are a prominent reminder of the importance of being kind to others.

The *Healthy Students* Project was begun at just the right time. Not only was the “Be Kind” movement picking up momentum, anti-bullying prevention became extremely relevant and the push for programs, especially in the cyber-bullying realm, became strong. During our training and planning sessions, we were introduced to the Kelso's Choice program. Kelso's Choice is touted as an anti-bullying, anti-tattling, conflict management and resolution system. Staff and counselors embraced the fact that the program empowered students to solve their own problems. Supported by Sherry Attebery (Twin Peaks Elementary School Counselor) and her experience with Kelso's program, the project purchased, received training and implemented the program.

Kelso's Choice consists of lessons, videos, puppets, and posters featuring “Kelso,” the frog mascot all supporting the nine behavioral choices. These behavioral choices are the cornerstone of the program. Throughout the lessons, the choices are practiced and reinforced individually. It was important that students and teachers became familiar with Kelso's Choice and that the concepts

⁴ Reference Appendix C

were and are reinforced consistently in every classroom. Currently, all classrooms in the county display a Kelso's Choice poster and the program is used consistently in kinder through fifth grades.⁵

In the fall of 2017, the movie *Wonder* was released in movie theatres portraying themes of bullying, acceptance and kindness and a *Healthy Students* Counselor recommended using the movie and book as a teaching tool was first suggested by one of our counselors. All 4th grade teachers in the county received and read the book to their students in the weeks prior to the release of the movie. Our local theater held a special showing and approximately 450 students attended. Afterward, teachers and counselors continued reinforcing the movie's message by involving the students in extension activities related to the book and film. Copies of the book and film are still being used at each site.

These are only selected examples of the many Tier I school-wide activities that were implemented. Depending on the school, positive messages for good character, kindness and bully-prevention are disseminated on school websites, newsletters, brochures, morning announcements, planners, and many more. Tier I is the foundation of the *Healthy Students* behavioral program where all students receive the basics for behavioral expectations.

A more complete list of Tier I resources used in the *Healthy Students* Program can be found in Appendix E.

4. Tier II- Targeted Group Interventions

The majority of students will respond positively to Tier I interventions. The remaining 10-15% of students require further services provided by Tier II or Tier III interventions. Students in the Tier II category may have trouble staying focused and following behavioral expectations. The reasons may vary but could include issues at home, such as neglect, abuse, domestic violence, substance abuse and others. Students may struggle with problems at school, such as peer pressure, academic difficulties, and feeling left out. All of these frustrations can lead to student anxiety and stress.

In Tier II, early interventions are used to provide additional direction and guidance. The Tier I Universal practices are reinforced with identified students who are not fully adhering to the standards of behavior that have been put in place. Within Tier II, concepts are clarified and additional supports are provided. Concepts are also presented using alternative instructional strategies that enable increased student understanding. In the *Healthy Students* Project, staff and teachers reinforced the established Tier I school-wide goals and expectations and expanded on the interventions such as Character Counts and Kelso's Choice core curriculums with Tier II interventions.

The four most used *Healthy Students* Tier II interventions involved small group activities, focusing on coping skills, utilizing the Check In/Check Out intervention, and maximizing the involvement of all staff.

⁵ Refer to Appendix D for the Kelso's Choice poster depicting the nine choices students can make when dealing with difficult situations.

Small group:

The most widely used strategy in Tier II was and continues to be to work with students in small groups. Smaller groups have allowed staff to provide targeted, direct instruction. At the same time, we were and are able to meet the student's individual behavioral needs and build upon the skills that they have been able to approach. Small groups also allow for the child to receive more direct adult attention which is essential for these behaviorally challenged students, creating stronger bonds between the student and the counselor or teacher. These small group interventions were designed to be positive and focused on changing behaviors. The focus is not on disciplining the child; but, rather on providing opportunities to develop and practice behavioral routines that will become automatic in his/her daily lives.

These Tier II small groups were formed in various ways. Students were grouped by grade level, by specific patterns of behavior, or by shared emotional issues. It is important to have an established referral process in place to make an appropriate determination of student placement in these small groups. After documentation of student behaviors, teachers referred the students to the principal directly. Then, the principal, counselor and teacher(s) meet to identify similarities in needs in order to form the groups. A schedule for implementation was developed with time and intensity in mind.

Some examples for grouping in the *Healthy Students* Project included a character - building group called the "All Star Team." This group was formed to help 4th and 5th grade students with problem behaviors and attitudes such as anger management, bullying and emotional outbursts. The group received direct character building instruction on a weekly basis. The counselor checked in with the students and teachers regularly to reinforce positive behaviors. Another example was a support group comprised of students who were experiencing grief and loss. Students were taught direct coping strategies to deal with their emotions and anxiety.

Coping skills:

All children can benefit when schools teach coping skills to their students. Coping skills provide tools which children can readily access when they are attempting to adapt to stressors in their daily lives. These strategies can help students master, minimize or tolerate stress or conflict. Coping skills also provide support when students are working through their problems. There are many coping skills and strategies currently being used by counselors and teachers. Even the youngest children can learn to use the skills if they are taught implicitly and directly.

Coping skills help calm down students who are angry and upset, providing the necessary tools to work through feelings. One coping strategy *Healthy Students* used has been to teach students to identify and express their feelings and emotions. This can be done at a very early age. Many times, students don't really know what they are feeling and why they feel a certain way. Teachers can discuss the various emotions and help students use the vocabulary related to that emotion. So rather than using general vocabulary like mad or sad, students more specifically identify feelings like disappointment, worry, and loneliness. Students are then given a chance to discuss and work through their feelings.

A common coping skill involves teaching students mindful breathing techniques. Regulated, deep breathing is the cornerstone of meditation and mindfulness providing many benefits. Students learn to regulate their breathing to relieve stress and anxiety or to deflect anger. Students learn and practice the calming power of breathing until using regulated breathing becomes an automatic response. "Take Five Breathing" is an example of a simple breathing exercise that has been used in the *Healthy Students* program. Students trace around the fingers on their hand, breathing in

when they trace up, and exhaling when they trace down. There are many fun breathing techniques that kids can learn. Examples of these strategies are included in Appendix F.

Certain types of coping skills can be used to dissociate or distract the student's thoughts and shift their focus and attention to something else. Drawing, listening to music, and using mind jars are all examples of these strategies. Teachers can also designate a "quiet space" within their classrooms where students can have a "time out" in order to practice these skills. *Healthy Students* arranged for extensive training for counselors and teachers on this topic.

Check In/Check Out:

Another successful intervention for Tier II that was used is a program known as Check In – Check Out (CICO). This program provides a specific process that works well with students with moderate problem behaviors. The CICO process involves identifying three to five target behavioral goals that students need to work on. These goals are established with input from the student and classroom teacher. Basically, the student "checks in" with an assigned staff member in the morning. The target goals are reviewed and the student begins the day with a point card. Throughout the day, the student is awarded points for appropriate behavior as it relates to established goals. At the end of the day, the student "checks out" by meeting with the same assigned staff member. The "check out" also provides a brief moment of reflection to review what kind of day the student had and allows for positive reinforcement if points were accumulated as agreed. Points are tallied up and the student earns a reward after a set amount of time. Sometimes, parent input and home behaviors are included in the point card. This depends on the child, the home situation, and the behaviors. It is important to remember that the CICO card is used to ONLY praise desirable behavior and is not meant to punish inappropriate behaviors. CICO must also be phased out gradually when student behaviors improve so as to give behavioral accountability back to the student. *Healthy Students* found and it is suggested that in addition to teachers, other staff (secretaries, assistants, and custodians) become part of the CICO process.

Maximizing School Staff:

It may be a challenge for schools to provide Tier II behavioral interventions without school counselors. It is important to recognize that students may have a connection or bond with certain staff members and will respond positively to them. At some schools, *Healthy Students* identified teachers and staff who showed interest in working with students with behavioral challenges. That staff member was given a small group to work with during the day. This required creative scheduling and planning (e.g. regrouping classes into other classrooms for a certain subject, during other academic interventions, within a short recess, in a side office when students are using computers). The main idea was to address the problem behaviors of Tier II students in a small group or individually. *Healthy Students* Project counselors found that even 15 to 20 minutes, two or three times a week made an incredible difference with Tier II groups. As with any intervention, it is important to have an exit plan so that as behaviors improve, the student is gradually exited from the group and regains accountability and responsibility for his/her own behavior.

Resources for implementation of Tier II can be found in Appendix G.

5. Tier III- Intensive Individual Interventions

Tier III was developed to meet the needs of the most challenging population of student. As noted in Appendix B, only one to five percent (1%-5%) of the students will fall into this category. Although this tier has fewer students, more support is required. These are the students who have not responded adequately to Tier I and II support and who continue to struggle with problem behaviors, including high risk behaviors. Tier III often times requires intense intervention. The problem behaviors may stem from a wide range of factors. Individualized one-on-one support from school staff and outside agencies is required for these students.

It is important to note that Tier I and Tier II strategies should be continued along the way with these students. Consistent reinforcement of these two foundational tiers is important for two reasons: 1) - to ensure that students do not feel singled out or excluded from school-wide activities and 2) - to keep expectations high for all students. Teachers and counselors can also reinforce key strategies and skills individually with this group. For *Healthy Students*, this included continuing Character Counts curriculum, Kelso's Choice materials and stressing coping skills and strategies. These students have been shown to respond positively when they are receiving the one-on-one attention and clarification.

Students may require behavioral plans and further testing as well. When little or no progress is made in a child's behavior, students may need to be referred for further testing. Our districts instituted procedures for referring students. These Child Study Teams/Student Study Teams (CST/SST) have provided a systematic approach for identifying and supporting students. This process is also commonly used for students encountering academic struggles in an attempt to identify learning disabilities or behavioral issues that may be interfering with learning and social interactions. It can also serve to eliminate possible medical factors which may be causing certain behaviors or challenges since a medical review is built into the process. Teachers, school psychologist, school nurse, and other staff meet to develop a plan and strategies for supporting the student. Appendix H provides a process to follow that was implemented by *Healthy Students* for students identified as having a behavioral or emotional concern.

Occasionally, when dealing with behavioral issues, a CST or SST may not necessarily be the best answer. One alternative that *Healthy Students* determined to be successful has been the Masonic Model Student Assistance Program (MMSAP). The program trains teams of teachers at the schools to create their own Student Assistance Teams. The team meets on a weekly basis following a set of guidelines and protocols, with the outcome being a student action plan that can be put in place to support at-risk children. The major strength of the MMSAP is that it focuses very specifically and deliberately on student assets, building upon student strengths. The action plan is then implemented and re-visited periodically with the team providing strategies and suggestions. Following the MMSAP trainings in 2017 several schools successfully implemented the model and its strategies. Subsequent trainings were offered in January 2019 so teams could re-visit and strengthen the process established at each school.

Although schools in the *Healthy Students* program realized significant success with CST/SST and MMSAP teams there were times that behavioral problems persisted and it was necessary to seek specialized assistance from community behavioral health agencies. Organizing and initiating the process can be challenging. Questions arose: Which agency should the child be referred to? How do we get a referral going? Who do we contact? Since many schools and teachers were unaware of the resources available in their communities, it was determined that connections had to be

created. Outside agencies, at the same time, were eager to outreach to schools in a more direct manner and were seeking an avenue to accomplish this.

Healthy Students addressed this issue by hosting a series of “Meet and Greet” events aimed at bridging this separation between the agencies and the schools. The *Healthy Students* Project sponsored three highly successful Meet and Greet events. In collaboration with the Coordinated Community Response Team (CCRT), school personnel were invited to attend the event, listen to speakers, and meet with the various agencies. As a result of these Meet and Greet Events, a Community Outreach Guide was developed and distributed, providing schools with a simplified database of available services in the county (Reference Appendix I). Participants have received valuable information, local statistics, and knowledge to help them in assisting their students.

Healthy Students has also promoted the use of the “2-1-1” Hot Line Assistance Number. This is the Arizona state-wide phone number that connects people with the help and support they seek in their area.

With connections made with agencies, the schools now have outside resources they can contact to help parents. However, getting parents to take the first step of reaching out to an agency can be difficult. Some parents may enroll the child in services and consistently take their child to the sessions. Unfortunately, *Healthy Students* learned that in many cases, parents have had difficulty following through. This may be due to the stigma related to behavioral health, lack of time, or lack of resources. *Healthy Students* learned that it is extremely important to encourage and support parents to continue seeking services so that students can receive the specialized treatment that will help improve their behaviors and, ultimately, their lives. Tier III is challenging. It requires collaboration from parents, teachers and outside agencies coming together for the benefit of the student.

Resources for implementation of Tier III can be found in Appendix J.

6. Timelines for Implementing *Healthy Students* Project

As the Healthy Student Project progressed through its three years of startup funding, the program implemented the tiers with each year. Tier I was developed and strengthened throughout year one. In the second year, Tier II became the focus of development. By year three, solid programs with distinct individualized activities for Tier I and Tier II had been established at the schools. Classroom teachers and principals at all nine schools had readily adopted the instructional systems that were put in place with the grant. Character Counts, Kelso’s Choice and Be Kind had become part of the school’s culture and curriculum, and teachers were implementing their lessons and concepts in the classrooms. Through observations, we learned it was evident that Tier I and Tier II interventions would remain in place when the grant funding ended. Tier III, however, was not fully implemented and needed further development. Some schools were reaching out to parents and providing contact information for outside counseling, but there were gaps in communication and follow-through. This led to less effective Tier III programs. It was evident that Tier III needed strengthening with continued support and development in order to be sustainable. The startup implementation phase was extended to year four. During this period, *Healthy Students* provided additional training and focused on integrating community resources into the school setting.

7. Integration and Sustainability

Integration of health and social services refers to treating all aspects of health and wellness, including mental and behavioral health. It calls for the collaboration of schools, nurses, pediatricians, counselors and therapists- forming a network for well-being. This has been a priority at the national level.⁶

Healthy Students learned in the early stages of the project that local community organizations were committed to partnering and eliminating the silo efforts that often existed. Mariposa Community Health Center envisioned the integration of health services as a primary goal in their Adolescent Wellness Network (AWN) project. Their vision has been “to support the health, education, and community resources that Santa Cruz County adolescents need for optimal mental, physical and social wellness.” Together, the programs sponsored CCRT and the Meet and Greet events, and identified additional organizations and schools that were interested in leading or participating in the integration and sustainability efforts.

As a result, the Behavioral Integration Task Force met on March 21, 2018 through the collaboration of Adolescent Wellness Network and the *Healthy Students* Project, bringing together behavioral health agencies and school personnel. The task force first sought to identify the current level of integration, and then determine what progress could be made and to what extent we could improve. To do this, we used the “Six Levels of Collaboration/Integration” continuum chart (Appendix K). Through this process we identified the existing level of integration as a level one with minimal collaboration and integration. The use of the continuum not only helped identify our current level, but also outlined what our next steps should be providing direction.

The task force then formed discussion groups which led to further collaboration recommendations, brainstorming, and possible solutions focused on moving forward on the continuum. As a result of these meetings, three agencies were identified as being willing and able to provide the resources needed for this program. The three agencies were SEABHS (South Eastern Arizona Behavioral Health Services), CHA (Community Health Associates), and Pinal Hispanic Council. Through extensive planning and meetings, a plan was created to move forward.

The Superintendent’s Office was tasked with creating the connections and ultimately building the bridge linking the agencies and the schools. We met extensively with agency officials and district administrators to learn about the legal implications and hurdles that needed to be worked through. The necessary documents were put in place: Intergovernmental Agreements (IGA’s) among agencies and Memos of Agreement (MOA’s) between the districts and the Santa Cruz County School Superintendent’s Office.

Meetings were held with each of the participating school principals individually at each of the schools. Our first meetings provided an overview of the task force’s findings in regards to integration. We offered the opportunity of partnering with an outside agency with one

⁶ Several groups promote the need for a holistic approach. For example the medical community has strived to treat all aspects of patient health. The CDC (Center for Disease Control) also supports measures through their “Whole School, Whole Community, Whole Child” (WSCC) model which focuses on child- centered alignment and collaboration of all community partners working together. Insurance companies are also emphasizing mental well-being as they now include and cover wellness visits with therapists and counselors.

representative visiting the school for an hour a week. All of the principals embraced the idea of integration and scheduled presentations to their staff regarding the concept. Further trainings were offered and provided. Agencies were then paired up with schools and schedules were developed. Assignments were generally based on the agency's proximity to the school.

The result: outside agencies were able to collaborate with school staff to meet the individual needs of the sites. They continue to provide on-site services for students and parents. Services include group instruction, whole group lessons, presentations to parent council groups, and one-on-one support.⁷ In some cases, parents and students were signed-up for individualized services at the agencies. Principals have been able to maximize the agency's support by scheduling and coordinating services in advance. The program became individualized based on the principal, the school's population, and the specific needs of the students.

Conclusion:

Healthy Students represents a model program that used its startup funding to re-engineer how social and behavioral health issues are addressed in the schools. The program had a significant impact (reference Appendix M). As a result, the PBIS model has become integral to the culture of the schools. Tier I, II, and III services continue, schools and community organizations have formed partnerships and continue to meet and share. Importantly, schools know what organizations to contact, the legal concerns have been addressed, and there is ongoing communication and continued efforts to more fully integrate services. As schools focus on the academic needs of their students, they now are positioned to also address the socio, emotional, and behavioral needs that affect academics.

⁷ Appendix L (Integration Resources/Contact Information: References) provides a list of community agencies serving Santa Cruz County and includes publications that have been helpful resources during the start-up and sustainability phases of *Healthy Students*.

Appendices

- A. Mental Health Facts: Children and Teens
- B. *Healthy Students* Project Three Tier Model of Behavioral Intervention and Support
- C. 100% Attendance Award
- D. Kelso' Choice poster
- E. Tier I Resource List
- F. Calming and Coping Strategies
- G. Tier II Resources
- H. Process if Student Identified Having a Behavioral or Emotional Concern
- I. Community Outreach Guide: Listing of Santa Cruz County Health and Welfare Service Agencies
- J. Tier III Resource
- K. Six Levels of Collaboration/Integration Continuum
- L. Integration Resources/Contact Information; References
- M. *Healthy Students*: Statistics and Impact

Appendix A
Mental Health Facts
Children & Teens

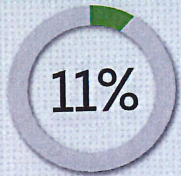
Mental Health Facts

CHILDREN & TEENS

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹



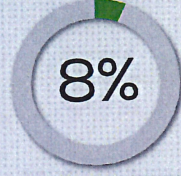
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

Impact



50%

50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹



10 yrs

The average delay between onset of symptoms and intervention is 8-10 years.¹

37%



37% of students with a mental health condition age 14 and older drop out of school—the highest dropout rate of any disability group.¹

70%



70% of youth in state and local juvenile justice systems have a mental illness.¹

Suicide

3rd



Suicide is the 3rd leading cause of death in youth ages 10 - 24.¹



90%

90% of those who died by suicide had an underlying mental illness.¹

Warning Signs



Feeling very sad or withdrawn for more than 2 weeks (e.g., crying regularly, feeling fatigued, feeling unmotivated).



Trying to harm or kill oneself or making plans to do so.



Out-of-control, risk-taking behaviors that can cause harm to self or others.



Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or fast breathing.



Not eating, throwing up or using laxatives to lose weight; significant weight loss or gain.



Severe mood swings that cause problems in relationships.



Repeated use of drugs or alcohol.



Drastic changes in behavior, personality or sleeping habits (e.g., waking up early and acting agitated).



Extreme difficulty in concentrating or staying still that can lead to failure in school.



Intense worries or fears that get in the way of daily activities like hanging out with friends or going to classes.

4 Things Parents Can Do



Talk with your pediatrician



Get a referral to a mental health specialist



Work with the school



Connect with other families

¹ This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov

Follow Us!

facebook.com/officialNAMI
twitter.com/NAMCommunicate

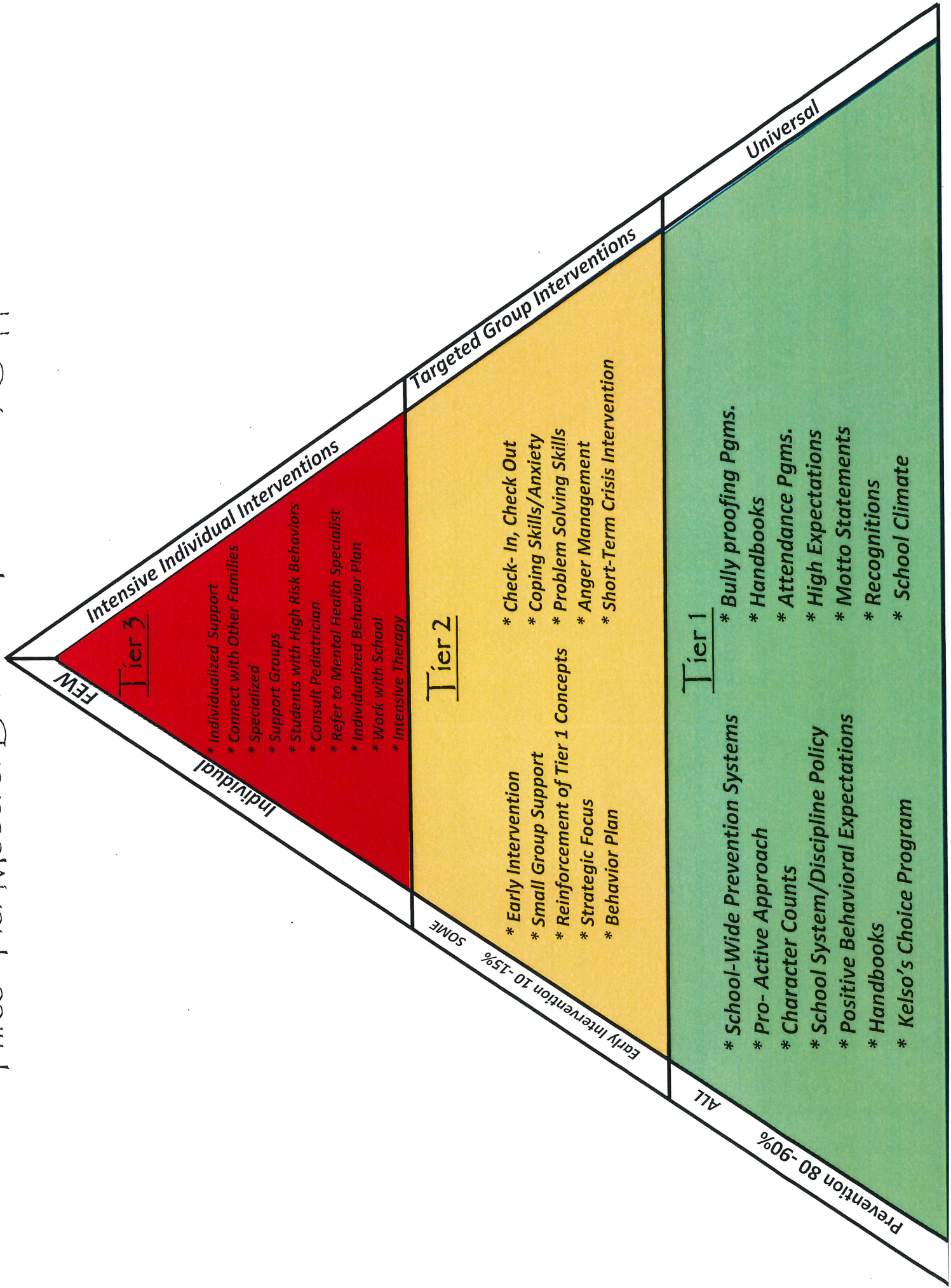
nami
National Alliance on Mental Illness
www.nami.org

Appendix B

Healthy Students Project

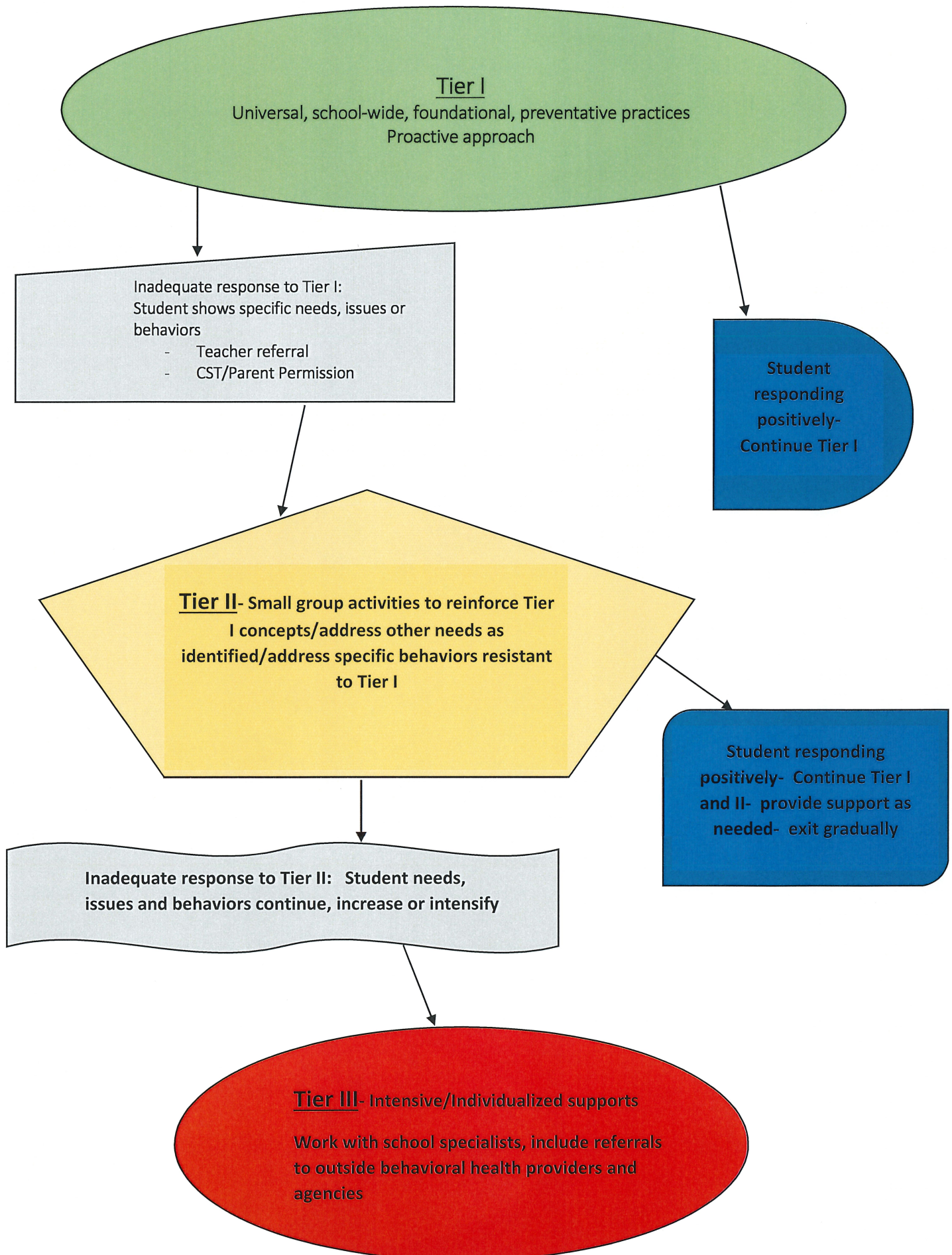
Three Tier Model of Behavioral Intervention/Support

Three-Tier Model of Behavioral Intervention/Support



HEALTHY STUDENTS PROJECT FLOWCHART

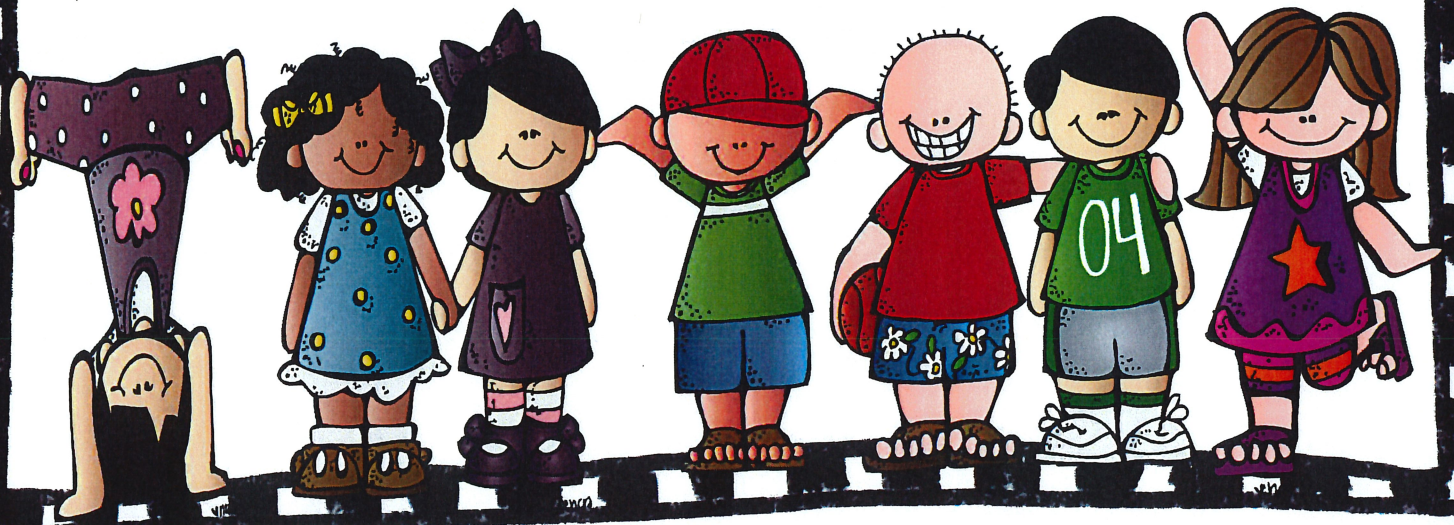
Continually and consistently monitor student behavior and adjust interventions as needed.



Appendix C

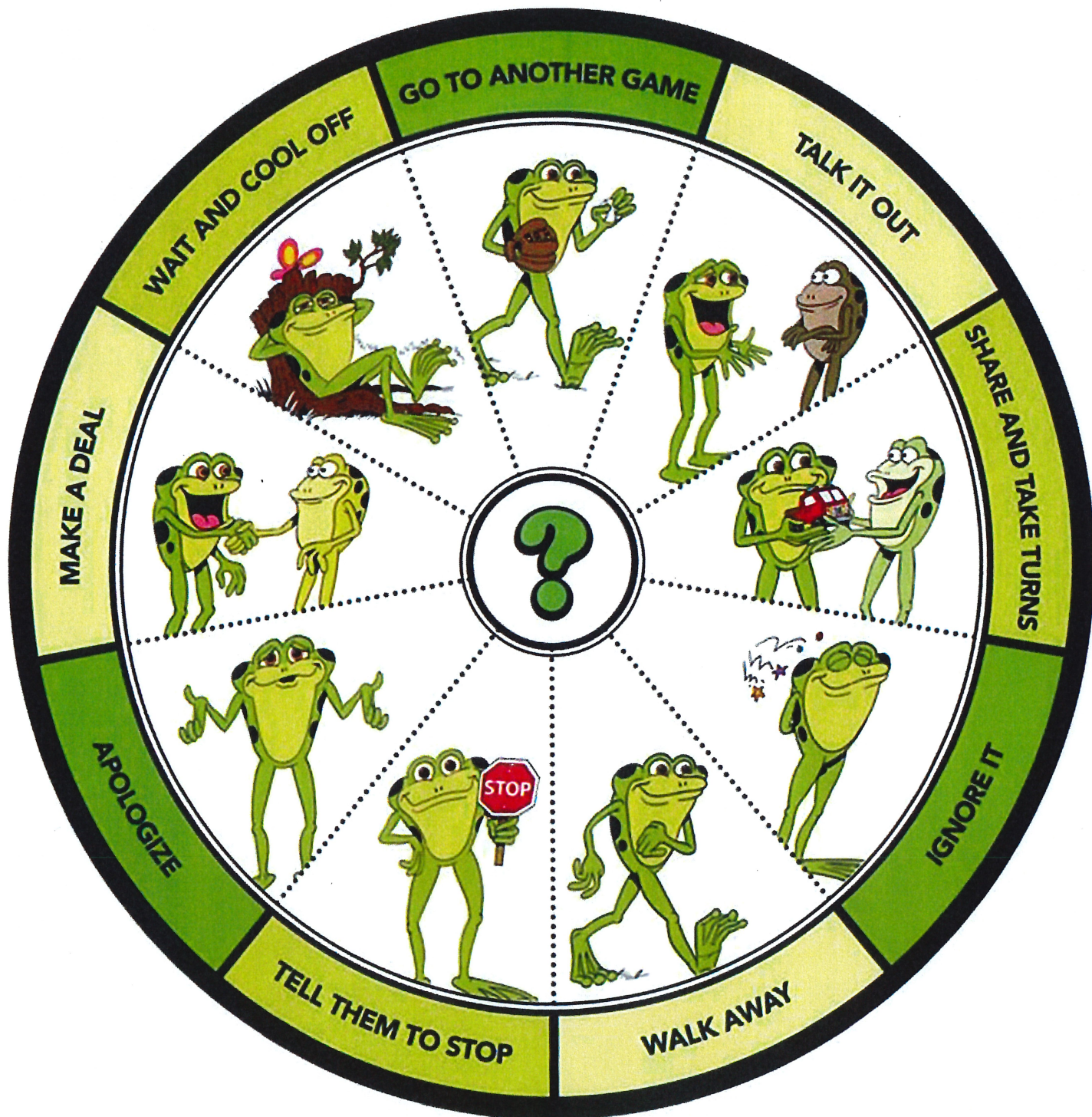
100% Attendance Sign

Hip Hip Hooray!
We Have
100%
Attendance Today!



Appendix D

Kelso's Choice Poster



Appendix E

Tier I Resource List

Tier I Resources

Websites:

- <http://www.pbisworld.com> School-wide processes and program organization
- <https://www.pbis.org> School-wide processes and program organization
- <http://peacefulplaygrounds.com> School-wide processes and program organization
- <https://charactercounts.org> Character Counts Curriculum
- www.kelsoschoice.com Kelso's Choice Curriculum
- <https://www.stopbullying.gov> Bully Prevention
- <https://www.attendanceworks.org> Attendance support and statistics

Videos:

- https://www.youtube.com/watch?time_continue=2&v=5FwONUrMxDc Wonder Video
- <https://www.youtube.com/watch?v=1Evwgu369Jw> Empathy
- <https://www.youtube.com/watch?v=xcFICCVWliY> Bully-blocker shorts

Books:

- Puzzle Pieces by G. Sitsch & S. Senn
- Wonder by R.J. Palacio
- We're All Wonders by R.J. Palacio
- 365 Days of Wonder Mr. Browne's Precepts by R.J. Palacio

Training/Speakers:

- Shari Attebery- "Reaching and Teaching the Whole Child"- s.l.attebery@maranausd.org
- Summer Institute (Pima County Schools) contact Jane Ballesteros- Jane.Ballesteros@schools.pima.gov
- AZCA Conference - www.azca.org
- Character Counts training- www.charactercounts.org
- Bully Prevention/Bully-Proofing - Arizona Department of Education- celeste.nameth@azed.gov
- Ben's Bells- guest speaker, Jeannette Maré www.bensbells.org

Appendix F

Calming and Coping Strategies

How do you feel?

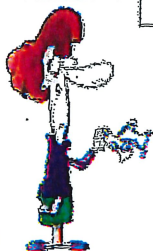
happy



ashamed



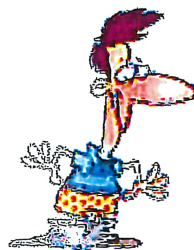
sad



depressed



embarrassed



worried



exhausted



enraged



suspicious



guilty



confused



frustrated



ecstatic



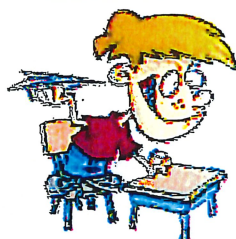
disgusted



angry



mischievous



frightened



cautious



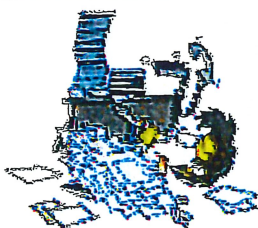
smug



confident



overwhelmed



hopeful



lonely



lovestruck



jealous



bored



surprised



anxious



shocked



shy



Breathe



Talk

I feel _____
because _____
Please _____

Drink Water



Read



Hug a Stuffed
Animal



Music



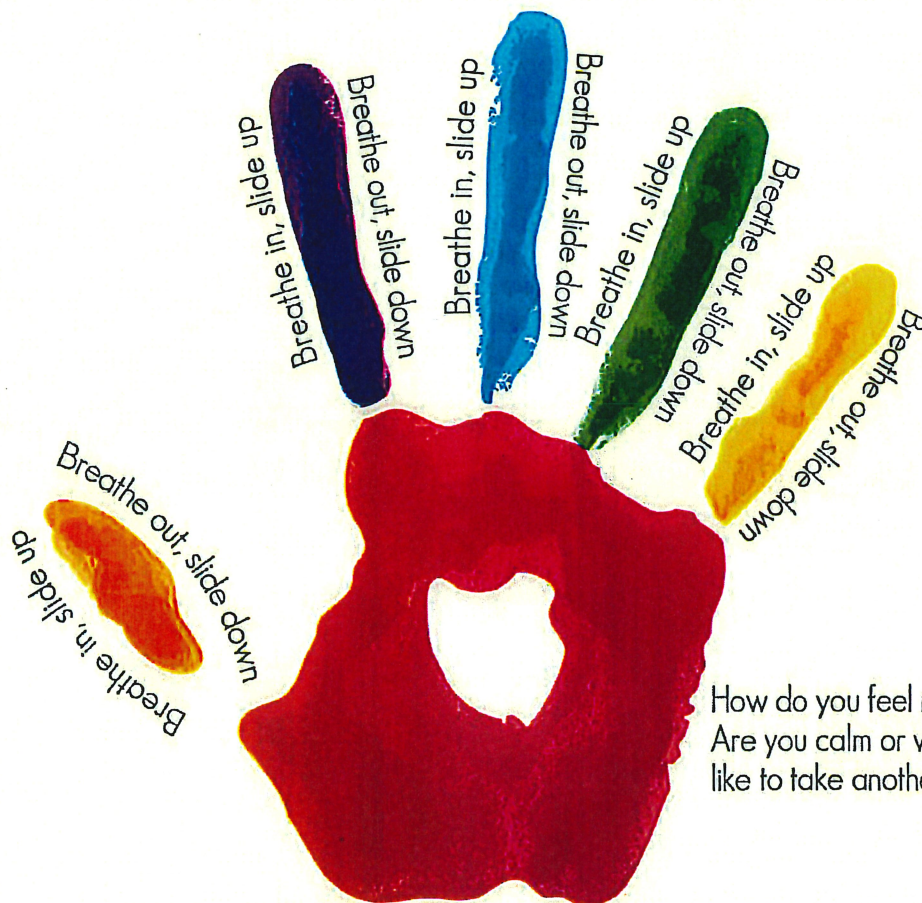
Happy
Thoughts



Draw/Write

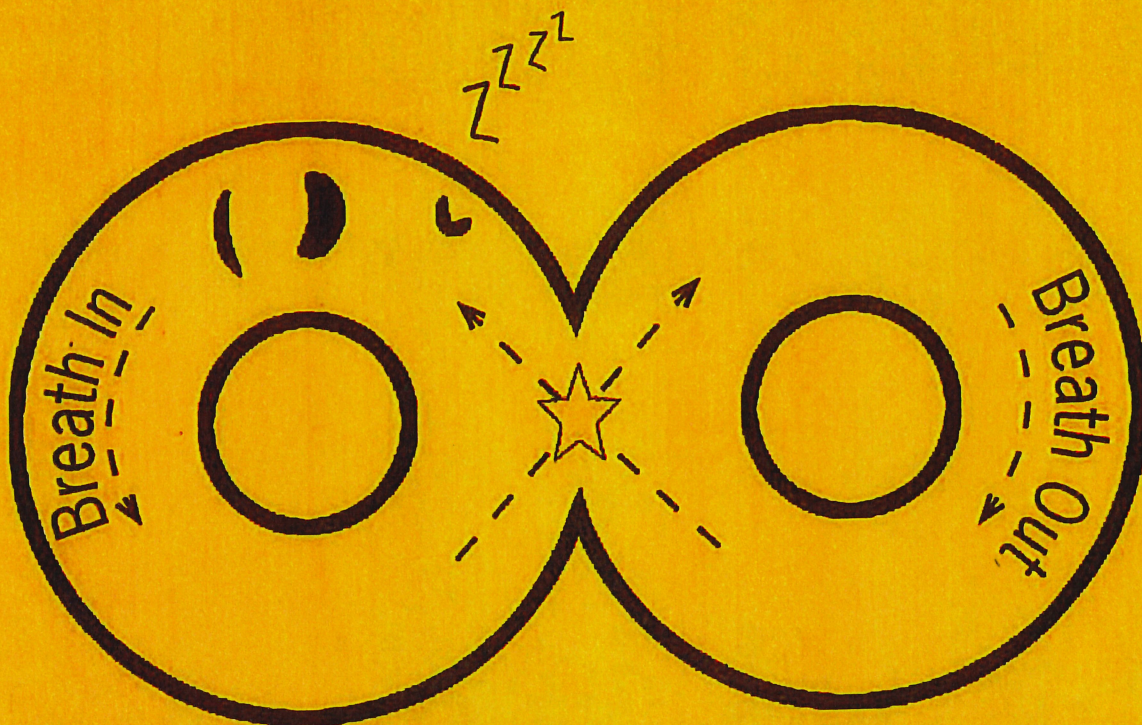
CALM DOWN WITH TAKE 5 BREATHING

1. Stretch your hand out like a star.
2. Get your pointer finger ready to trace your fingers up and down.
3. Slide up each finger slowly ~ slide down the other side.
4. Breathe in through your nose ~ out through your mouth.
5. Put it together and breathe in as you slide up and breathe out as you slide down.
Keep going until you have finished tracing your hand.



How do you feel now?
Are you calm or would you
like to take another 5 breaths?

Lazy 8 Breathing

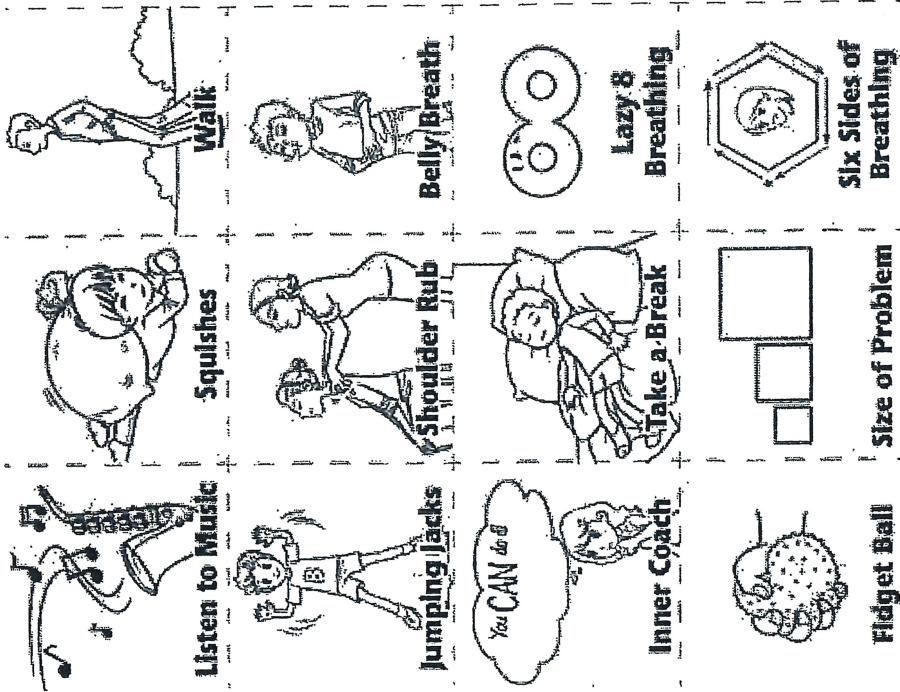
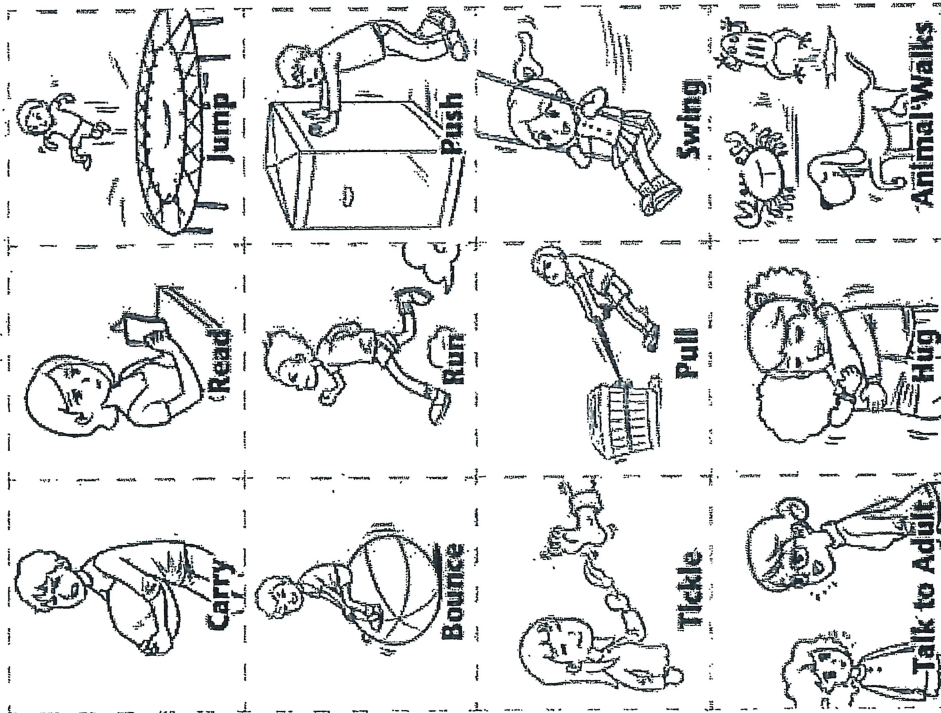


Trace the Lazy 8 with your finger starting at the star and taking a deep breath in.

As you cross over to the other side of the Lazy 8, slowly let your breath out.

Continue breathing around the Lazy 8 until you have a calm body and mind.

What strategies are taught?





Calming Jar Instructions

Why it's important?

Young children have a hard time identifying how they are feeling and how to appropriately express these feelings. Many times young children will bite or hit out of frustration or have a hard time calming down after they have had an exciting day. This can be very frustrating for parents, caregivers and early childhood educators but these situations are all a learning opportunity for young children in how to identify and express their emotions.

A calming jar can help children learn how to control their emotions and learn how to self-regulate.

Do this activity with your child and allow them to decide the colors and add the ingredients.

MSU is an affirmative-action, equal-opportunity employer, committed to achieving excellence through a diverse workforce and inclusive culture that encourages all people to reach their full potential. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

What you'll need

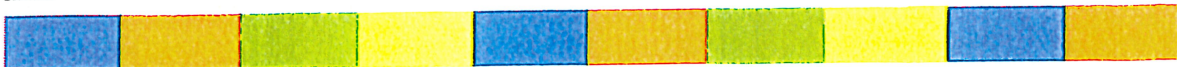
- Clear plastic container such as a water bottle, pop bottle, juice bottle or mason jar with a top
- Glitter glue
- Food coloring
- Water
- Glitter (any size will work)
- Strong holding glue

What to do

- Clean out the container and remove any labels so you can see through the container
- Fill the container half way full with water, add a few drops of food coloring, about a tablespoon of glitter glue, and a few shakes of glitter.
- Use the strong holding glue and glue the top on to the container.
- Then shake the container up!

How to use

- When your child gets upset they can shake up the container and then set the container down and watch while the glitter settles to the bottom giving them time to calm down.
- Do this as many times as a child feels they need to in order to help them calm down.



Appendix G

List of Tier II Resources

Tier II Resources:

Websites:

- www.mtbstraining.pbworks.com Wikispace with multi-tiered materials and strategies ADE (Appendix F) - CICO specified under Tier II
- www.therapistaid.com Videos, websites, worksheets, resources for behavioral health
- <https://stopbreathethink.com/kids> Coping skills and strategies

Books and Games:

- When Sophie Gets Angry, Really, Really Angry by Mollie Bang
- Ready, Set, R.E.L.A.X.: A Research-Based Program of Relaxation, Learning and Self-Esteem for Children by Jeffrey S. Allen & Roger J. Klein Psy.D.
- The Coping Skills Game (Ages 7-12) www.amazon.com

Training:

- Shari Attebery- "Reaching and Teaching the Whole Child"- s.l.attebery@maranausd.org
- Teresa Sprigg- "Coping Skills and Mindfulness"- tsprigg@santacruzcountyaz.gov
(condensed version of Reaching and Teaching the Whole Child)
- CICO (Check-In/Check-Out - Arizona Department of Education- celeste.nameth@azed.gov)
- Strengthening Families with Circles of Peace- ssanchez@circlesofpeace.us
- Mental Health First Aid: Sonia Sánchez and Ryann Quick ssanchez@circlesofpeace.us
and RQuick@mariposachc.net

SEARCH

Search this workspace

WIKI

Pages & Files

VIEW

AZ MTBS

last edited by Celeste Nameth 2 years, 7 months ago

Page history

Welcome to MTBS Training

This Wikispace is a place for AZ MTBS Implementers to explore the Tier 1 training resources, as well as share ideas and network with one another.

Materials and Resource Sharing Guidelines

- Materials available from AZ trained MTBS schools are for public use and have been developed with lots of hard work by local MTBS teams.
- All materials and resources are best used with ongoing training, coaching and technical assistance and not as a stand-alone.
- If you are an AZ school implementing MTBS and wish to have your school or district created materials displayed on this page so that other schools may benefit from your hard work, please contact Celeste.Nameth@gmail.com
- Many tools and resources provided on this wiki came from schools and districts in other states that had them posted on a public website or wiki.
- A big thank you goes out to all MTBS implementers who freely share their resources so that others implementing may benefit from their implementation journey.

Got Sustainability?

- Research has shown that the chances of sustaining a Multi-Tier System of Support of Behavior increases with district implementation.

Tier 1

Tier 2

Tier 3

Comments (0)

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Bully prevention

Check-in-Check Out(CICO)

Coaches

Coaches Jan 2019

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This Sidebar appears everywhere on your workspace. Add to it whatever you like -- a navigation section, a link to your favorite web sites, or anything else.

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uploaded by Celeste Nameth

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uploaded by Celeste Nameth

MTBS Day 2 Feb 22nd final.pdf
uploaded by Celeste Nameth

MTBS Year 1 SS Feb 21 day 1 final.pdf
uploaded by Celeste Nameth

Effective feedback activity.docx
uploaded by Celeste Nameth

Error Correction-Classroom Management P...
uploaded by Celeste Nameth

SET administrator letter AZ version.docx
uploaded by Celeste Nameth

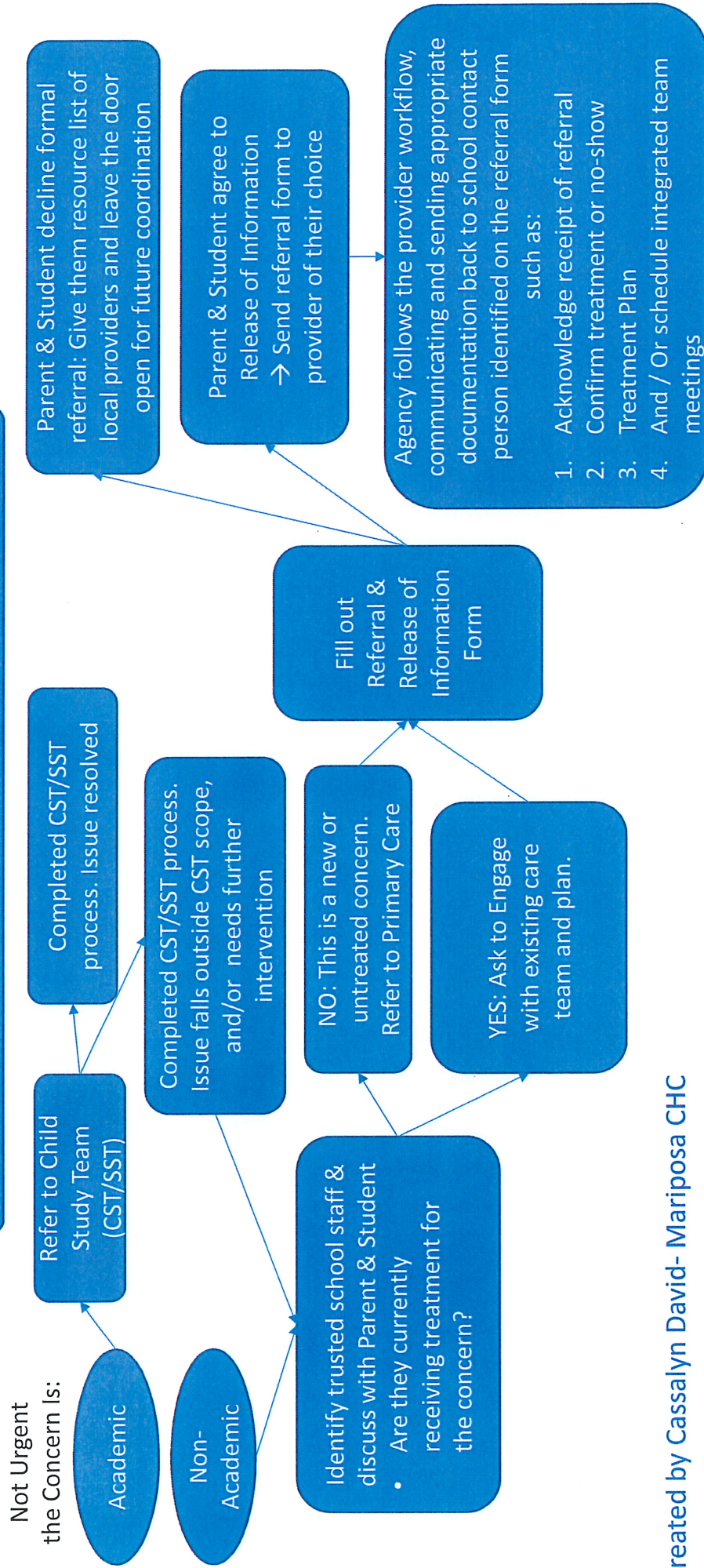
More activity...

Appendix H

Process If Student Identified Having Behavioral or Emotional Concern

Student with behavioral or emotional health concern-Identified by Parent, Teacher, Other staff, or Student asks for help:

Emergency: Call 911 | **Urgent: Call Crisis Line 866.495.6735**
Then, follow-up using the process below:



Appendix I

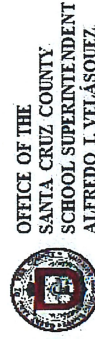
Community Outreach Guide

Listing of Santa Cruz County Health and Welfare Service Agencies

COMMUNITY OUTREACH GUIDE

AGENCY	PHONE NUMBER	ADDRESS	SERVICES PROVIDED
Alliance Counseling Center	(520)281-0009	1790 N. Mastick Way #D	Behavioral, addiction, domestic violence, anger mgmt., marital couns.
Arizona's Children Association	(520)792-1389	1860 N. State Dr. Ste. 6	Behavioral Health
Arizona Complete Health	1(866)495-6735	1(866)471-9233	24 Hour Crisis Line
Borderland Food Bank	(520) 287-2627	270 W. Produce Row	Food Bank
Boys and Girls Club	(520) 287-3733	590 Tyler Ave.	Tutoring, Homework assistance, afterschool activities
Casitas De Santa Cruz	(520)287-9133	1769 W. Target Range Rd	Low Income housing
Chicanos Por La Causa	(520)281-9570	575 N. Grand Ave.	Housing, Mortgage, Debt management classes
Child & Family Resource Center	(520)281-9303	1827 N. Mastick Way	Maternal and child health
Community Health Associates	(520)394-7400	32 Boulevard Del Rey David	Child and family counseling
Circles Of Peace	(520)281-0579	404 W. Crawford St.	Family, alcohol & drug counseling; prevention, domestic violence
Consulate General of Mexico	(520)287-2521	135 West Cardwell St.	Protection for Mexican Citizens
DES (Food Stamp and Assistance)	(520)281-2634	1843 N. State Dr.	Food and childcare assistance
Domestic Violence Shelter (Nuestra Casa)	(520)287-2107	Emergency Shelter	Shelter
First Things First	(520) 761-3012	1740 N. Mastick Way	Early Childhood support- ages 0 to 5; parent training
Hands of a Friend	(520)648-3589	231 W. Duval Rd.	Shelter- Green Valley
Horizon Human Services	(520)287-9678	545 N. Grand Ave #2	Integrated Health care program
Intermountain Health Center	(520)281-0678	276 W. Viewpoint Dr.	Behavioral health, autism
Lions Club	(520)287-9344	639 N. Grand Ave	Eyeglasses
Mariposa Community Health Center	(520)281-1550	1852 N. Mastick Way	Health Center
MI Kid	(520)377-2027	1777 N. Frank Reed Rd.	Behavioral Health/children, youth, families
Nogales Community Development Corporation	(520)397-9219	124 B N. Terrace Ave.	Services to individuals, families and businesses
Nogales Community Food Bank	(520)281-2790	2636 N. Donna Ave	Food bank
Nogales Crossroads Mission	(520)287-5828	338 N. Morley Ave	Shelter
Nogales Housing Authority	(520)287-4183	951 N. Kitchen Street	Safe and sanitary housing conditions
One Stop Center- Arizona @ Work	(520)375-7670	610 N. Morely	Employment services
Pinal Hispanic Council	(520)287-0015	275 N. Grand Court Plaza	Behavioral Health
Rebuilding Together	(520) 313-3681	3061 N. Sunrise Pl.	Home improvement support
Santa Cruz Parent Love Connection	(520) 285-6112	1230 Calle Rafael	Support for parents of children with special needs
Santa Cruz Victim Services Division	(520)375-7780	2150 N. Congress Dr.	Victim Services
SEABHS	(520) 375-5300	1891 N. Mastick Way	Behavioral Health
SEACAP	(520)287-5066	490 W. Chenoweth	Housing & utilities
SEAHEC	(520)287-4722	1171 W. Target Range Rd.	Health Education Center
Self-Help Program	(520) 375-8210	2160 N. Congress Dr. Ste. 2208	Legal aid for self-representation
Southern Arizona Autism Association	(520)223-0260	67 E. Baffert Dr.	Parent education & Training
Southern Arizona Legal Aid	(520) 623-9465	274 W. View Point Dr.	Legal services- Fridays in Nogales
Wellness Connections	(520)287-9612	1857 N. Mastick Way	Mental Health & Addiction recover

*** If you have any changes, suggestions, or additions please contact Terri Sprigg at 375-7952 or tsprigg@santacruzcountyaz.gov. ***

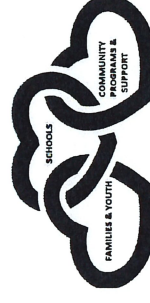


OFFICE OF THE
SANTA CRUZ COUNTY
SCHOOL SUPERINTENDENT
ALFREDO I. YELASQUEZ



COORDINATED COMMUNITY RESPONSE TEAM (CCRT)
Website: www.santacruzccrt.org

Updated 10-31-18



Appendix J

List of Tier III Resources

Tier III Resources:

(All Tier I and Tier II resources may also apply to Tier III)

Websites:

- <https://www.mindful.org/what-is-mindfulness> Mindfulness
- <https://positivepsychologyprogram.com/mindfulness-positive-psychology-3-great-insights>
- Let IT Go Forgiveness-letitgo@insideroutlier.com Forgiveness
- Stop, Breathe, & Think Kids <https://stopbreathethink.com/kids> Anxiety and Coping
- Smiling Mind- <https://smilingmind.com.au> Anxiety and Coping

Videos and Apps:

- Just Breathe by Julie Bayer Salzman and Josh Salzman (Wavecrest Films)
- Heat Pad- Relaxing Heat Sensitive Surface by Padadaz
- Headspace: Meditation and Mindfulness by Headspace inc.

Books for Specific Needs- Recommended for counselors and teachers:

- Coping Skills for Kids Workbook by Janine Halloran, MA, LMHC
- The Color Monster by Anna Llenas - feelings
- Double-Dip Feelings by Barbara Cain- feelings and emotions
- One by Kathryn Otosh- bullying
- A Perfectly Messed Up Story by Patrick McDonnell- life's "messes"/adversity
- Personal Space Camp by Julia Cook- respect for others
- Don't Pop Your Cork on Monday by Adolph Moser- feelings
- Enemy Pie by Derek Munson- kindness/respect/friendship
- The Dot by Peter Reynolds- making you mark
- After The Fall by Dan Santat- overcoming adversity
- The Goodbye Book by Todd Parr- loss and grief
- The Secret Olivia Told Me by N. Joy- rumors and gossip
- Three Ninja Pigs by Corey Rosen Schwartz- bullying
- Brave by Stacy McAnulty- self-esteem and individuality
- Beautiful by Stacy McAnulty- self-esteem and individuality
- A Bad Case of Tattletongue by Julia Cook- telling vs. tattling
- The Memory Box by Joanna Rowland – loss and grief
- How Full Is Your Bucket? For Kids by Tom Rath- kindness
- Those Shoes by Maribeth Boelts- being your own person/needs vs. wants
- Special People, Special Ways by Arlene Maguire- accepting and embracing diversity
- The Name Jar by Yangsook Choi- new student
- A Terrible Thing Happened by Margaret M. Holmes- dealing with adversity
- Dinosaurs Divorce by Laurene Krassy Brown/Marc Brown- divorce/different family units
- Stand in My Shoes by Bob Sornson – empathy
- What Good Is A Moose by Joy Morgan Day- self-esteem/kindness

- Kindness is Cooler, Mrs. Ruler by Margery Cuyler- self-esteem/kindness
- The Way I Feel by Janan Cain- feelings and emotions
- The Kissing Hand by Audrey Penn- emotions
- Spaghetti in a Hot Dog Bun by Maria Dismondy- uniqueness and differences
- The Invisible Boy- by Trudy Ludwig- bullying
- My Secret Bully by Trudy Ludwig- bullying
- Just Kidding by Trudy Ludwig- bullying
- When Sophie Thinks She Can't by Mollie Bang- mindsets/mindfulness
- Breathe by Ines Castel-Branco- mindfulness

Appendix K

Six Levels of Collaboration/Integration Continuum

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> Have separate systems Communicate about cases only rarely and under compelling circumstances Communicate, driven by provider need May never meet in person Have limited understanding of each other's roles 	<ul style="list-style-type: none"> Have separate systems Communicate periodically about shared patients Communicate, driven by specific patient issues May meet as part of larger community Appreciate each other's roles as resources 	<ul style="list-style-type: none"> Have separate systems Communicate regularly about shared patients, by phone or e-mail Collaborate, driven by need for each other's services and more reliable referral Meet occasionally to discuss cases due to close proximity Feel part of a larger yet ill-defined team 	<ul style="list-style-type: none"> Share some systems, like scheduling or medical records Communicate in person as needed Collaborate, driven by need for consultation and coordinated plans for difficult patients Have regular face-to-face interactions about some patients Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> Actively seek system solutions together or develop work-a-rounds Communicate frequently in person Collaborate, driven by desire to be a member of the care team Have regular team meetings to discuss overall patient care and specific patient issues Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> Have resolved most or all system issues, functioning as one integrated system Communicate consistently at the system, team and individual levels Collaborate, driven by shared concept of team care Have formal and informal meetings to support integrated model of care Have roles and cultures that blur or blend

Appendix L

Integration Resources/Contact Information References

Integration Resources/Contact Information:

- **Cassalyn David:** Mariposa Community Health Center Adolescent/Director,- Adolescent Wellness cdavid@mariposachc.net 520-375-6050 ext. 1370
- **Suzette Campos:** Community Health Associates- scampos@chaarizona.com 520- 394-7400
- **Terry Cañez:** Community Health Associates- tcanez@chaarizona.com 520-394-7400
- **Melody Gastelum:** Pinal Hispanic Council- MGastelum@pinalhispaniccouncil.org 520-287-0015
- **Maria Rivas:** SEABHS- Maria_Rivas@seabhssolutions.org 520-341-3111
- **Jacqueline Serrano:** SEABHS- Jacqueline_Serrano@seabhssolutions.org 520- 341-3111
- **Josh Canchola:** SEABHS- Yassar_Canchola@seabhssolutions.org 520-341-3111

References

Batsche, G., Elliott, J., Graden, J. L., Grimes, J., Kovalski, J. F., Prasse, D., et al. (2005). *Response to intervention policy considerations and implementation*. Reston, VA: National Association of State Directors of Special Education.

Centers for Disease Control and Prevention. "CDC Healthy Schools." (2018, November 14). CDC website. Retrieved from <https://www.cdc.gov/healthyschools/wsc/>

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Appendix M

Healthy Students: Statistics and Impact

Evaluation of Services- Student/Staff/Parent/Principal Surveys:

The effectiveness of the Healthy Student Project can be measured by the surveys administered to students, staff and parents. These surveys aimed to measure the effectiveness of the program based on attitudes and behaviors. In general, the results supported positive outcomes. Following are emphasize the impact and benefits of this approach. Prior to the Healthy Students Program (Baseline data) 70% of students report some level of bullying at their schools; while 15% of teachers report that bullying is prevalent at their schools

By the end of year 3 of the project:

In the area of respect, participants were asked if students, parents, and teachers showed respect for one another-

- 67% of students agree or strongly agree that respect is shown at their schools
- 89% of parents agree or strongly agree that respect is shown at their schools
- 80% of teachers agree or strongly agree that respect is shown at their schools

Use of Kelso's Choice wheel-

- 60% of students report using it to solve problems
- 72% of parents agree or strongly agree that it has helped their child make better choices
- 70% of teachers agree or strongly agree that it has helped their students make better choices

Overall impact of the Healthy Student Project-

- 79% of parents agree or strongly agree that the program has had a positive impact
- 84% of teachers agree or strongly agree that the program has had a positive impact

Administrators responded to reflective surveys that were conducted at the sites. The surveys were confidential and included open-ended questions. Highlights are as follows:

- One administrator asked to list effective support stated: The support in obtaining assistance from outside agencies and systems was the most beneficial.
- When asked to list the most significant changes seen with the project a principal responded, the school's culture and climate were positively impacted.
- Kelso's Choice was also listed as one of the most impactful programs at the school.
- Incorporating Kelso's choice into the Character Counts was listed as a highlight and strength.

Complete survey results follow.

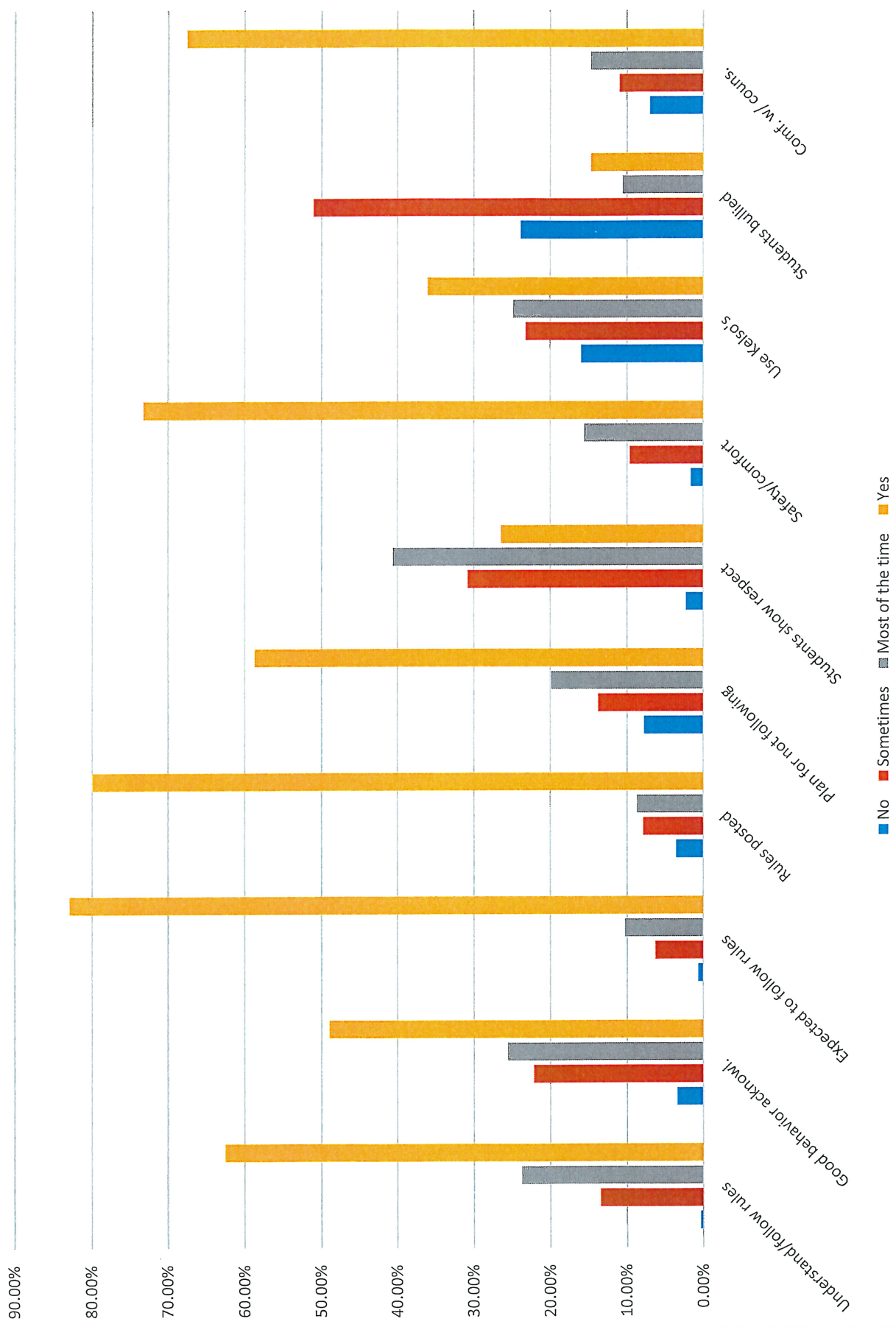
HSG STUDENT SURVEY

School Name: **Total- Students** ***Grade:*** **3rd-5th**

Percentages reported:

Survey Statements: Please respond to the following statements by checking the appropriate box to the right of the corresponding statement.	No	Sometimes	Most of the time	Yes
1. I understand and follow the school rules and expectations.	1	13	24	62
2. Students are rewarded/acknowledged for appropriate behavior.	3	22	25	49
3. I am expected to follow the rules at my school.	1	6	10	83
4. The rules for behavior are posted in my classroom.	4	8	6	79
5. My school has a plan for working with students who do not follow the rules.	8	14	20	58
6. Students in this school show respect for each other.	2	31	41	26
7. I feel safe and comfortable in my school.	2	10	16	72
8. I use the Kelso's Choice wheel to solve small problems.	16	23	25	36
9. Students are bullied at my school.	24	51	10	15
10. I feel comfortable going to my school counselor for help.	7	11	15	67

HSG Total Student (Post)



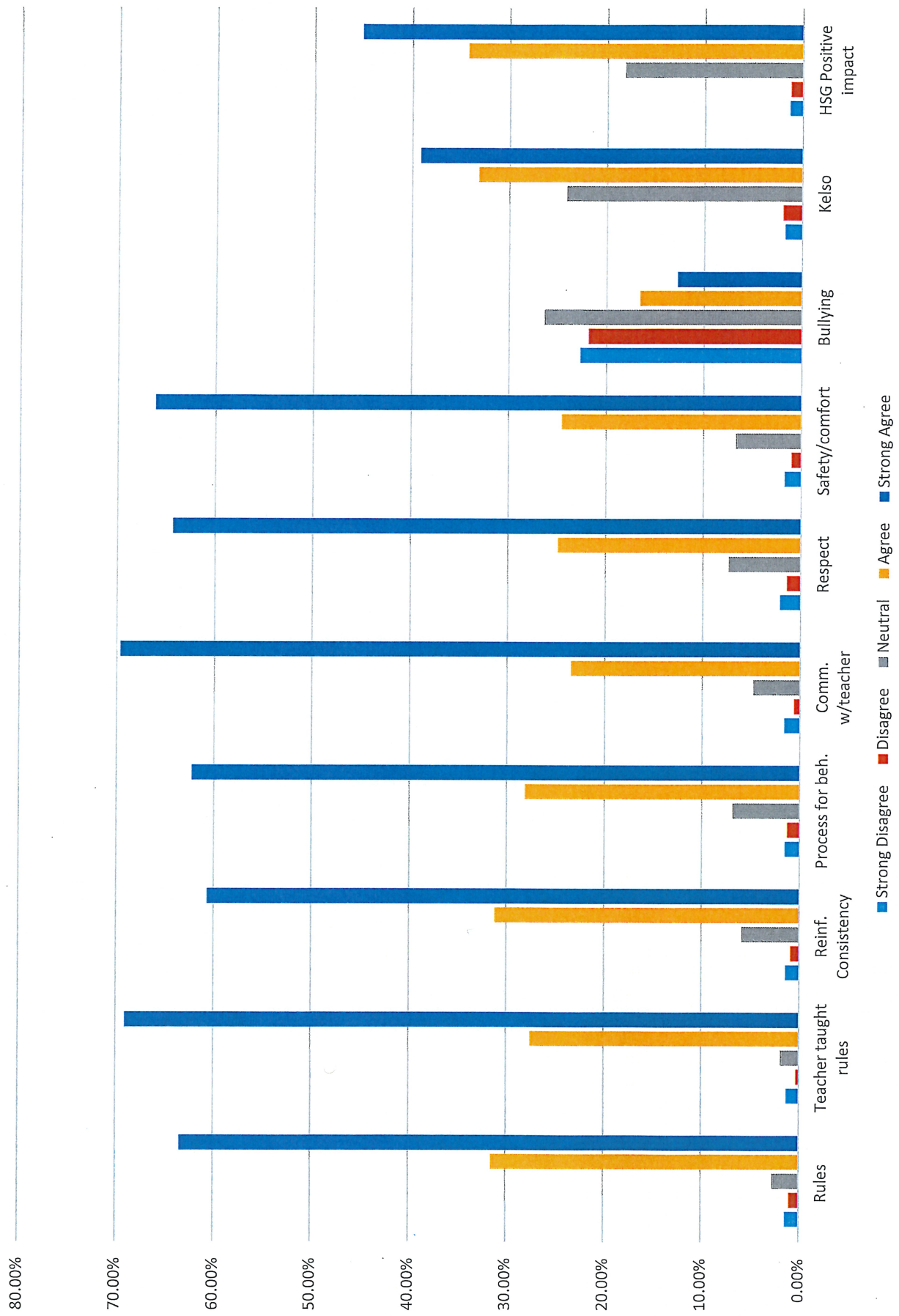
HSG PARENT SURVEY

School: Total – All schools

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Survey Statements: Please respond to the following statements indicating your agreement or disagreement with each statement listed below by checking the appropriate box to the right of the corresponding statement.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
1. The school has clearly defined rules for appropriate behavior.	1%	1%	3%	33%	63%
2. My child has been taught the rules/expectations.	1%	0%	2%	28%	69%
3. Student compliance to rules and expectations is reinforced consistently in this school.	1%	1%	6%	31%	61%
4. I am satisfied with the process that is in place to discuss student behavior concerns at this school.	2%	1%	7%	28%	62%
5. My child's teacher communicates with me regarding my child's behavior.	2%	1%	5%	23%	69%
6. Staff and students in this school show respect for one another.	2%	1%	7%	25%	65%
7. My child feels safe and comfortable at this school.	2%	1%	7%	25%	65%
8. Bullying is a problem at this school.	23%	22%	26%	17%	13%
9. The Kelso's Choice wheel has helped my child make better choices.	2%	2%	24%	33%	39%
10. Overall, the Healthy Student grant counseling program has had a positive impact on student behavior at this school.	1%	1%	18%	34%	45%

HSG Total Parent (Post)



HSG STAFF SURVEY

School name: Total – All schools

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Survey Statements: Please respond to the following statements indicating your agreement or disagreement with each statement listed below by checking the appropriate box to the right of the corresponding statement.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
1. My school has clearly defined rules/expectations for appropriate behavior.	8%	2%	4%	39%	47%
2. I have taught the rules/expectations to my students this year.	10%	0%	2%	22%	66%
3. Student compliance to rules and expectations is reinforced consistently in my school.	9%	5%	9%	34%	42%
4. The hierarchy of consequences for inappropriate behavior is used consistently.	5%	9%	18%	31%	37%
5. I find it easy to follow the office referral process.	5%	7%	14%	40%	34%
6. I am satisfied with the process that is in place to discuss student behavior concerns in my school.	5%	8%	18%	40%	29%
7. I communicate with parents regarding their child's behavior.	6%	0%	7%	39%	48%
8. Staff and students in this school show respect for each other.	5%	4%	11%	44%	36%
9. I feel safe and comfortable in this school.	6%	3%	2%	37%	52%
10. Students feel safe and comfortable at this school	4%	1%	3%	46%	46%
11. Bullying is a problem at my school.	21%	36%	28%	12%	3%
12. The Kelso's Choice wheel has helped my students make better choices.	3%	0%	25%	46%	26%
13. Overall, the Healthy Student Grant counseling program has had a positive impact on student behavior.	3%	1%	12%	36%	48%

HSG Total Parent (Post)

80.00%

70.00%

60.00%

50.00%

40.00%

30.00%

20.00%

10.00%

0.00%

Rules

Teacher taught rules

Reinf. Consistency

Process for beh.

Comm. w/teacher

Respect

Safety/comfort

Bullying

Kelso

HSG Positive impact

Strong Disagree Disagree Neutral Agree Strong Agree

